## 06.23.05

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE **Commissioner For Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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Application Number:	10/743,362	
Filing Date:	December 22, 2003	
First Named Inventor:	David M. Scoville et al	
Group Art Unit:	3743	<u> </u>
Examiner Name:	Tho V. Duong	
Attorney Docket No.	00655P1218US	

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously-filed unentered

- amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). Previously submitted. If a final Office Action is outstanding, any amendments filed after a. the final Office Action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on. i. ii. Other:\_\_\_ b.  $\boxtimes$ Enclosed: i. Amendment/Reply ii. Affidavit(s)/Declaration(s)  $\boxtimes$ Information Disclosure Statement iii. iv. Other: 2. Miscellaneous. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of: months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR a.
- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing 3. fee has been calculated as shown below:

Other

Small Entity

Large Entity

For	Claims After Amendment	Previously Paid For	Extra Claims	Rate	Fee		Rate	Fee
Basic Fee					\$395.00	OR		\$790.00
Total Claims	8	16		x \$25.00	\$	OR	x \$50.00	\$
Indep. Claims	2	4		x \$100.00	\$	OR	x \$200.00	\$
Multiple Dependent Claims			1	x \$180.00	\$	OR	x \$360.00	\$
				TOTAL	\$	OR	TOTAL	\$790.00

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790.00 OP

1.17(i) required)

⊠	A check in the amount of \$	790.00	to cover the filing fee is enclosed.
<b>a</b> .	The Director is hereby ment, to Deposit According i.   RCE filing fee □ Extension of t □ Other □	ount No. 23- e	to charge the following fees, or credit any overpay 0785.
4. <u>Corres</u>	spondence Address:	Citicorp ( 500 West Chicago, Telephone	PHILLIPS, KATZ, CLARK & MORTIMER Center, Suite 3800 Madison Street Illinois 60661-2511 e: (312) 876-1800 : (312) 876-2020
	Custo	mer Num	ber: 32116
Date:Ju	nne 22, 2005 Attorney	's Signature	Jefferyhy. Fairchild, Reg. No. 37,825
as enclosed he Office to Add	fy that this Request For Continu erein, are being deposited in an e	ed Examinat envelope with 10 on the dat	ion Transmittal and any other documents referred to the United States Postal Service "Express Mail Post the indicated below and addressed to: Mail Stop RCE, Tirginia 22313-1450.
Express Mail	Label No.:	EV 576	544978 US
Date of Depo	sit:	June 22,	2005
Typed/Printed	d Name of Person Signing:	Karen A	. Sanderson
Signature:		Kar	en a. Gendlison